

**P 9 9 0 0 0 0 7 7 6 4****Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.****OURPATIENT REHABILITATION GROUP PLUS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**F. CHESER****JAN 27 1999**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

CERTIFICATE OF INCORPORATION  
OF  
OUTPATIENT REHABILITATION GROUP PLUS, INC.

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: OUTPATIENT REHABILITATION GROUP PLUS, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be the treatment and rehabilitation of patients and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be at 5940 West 20th Lane, Miami, Florida 33016.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. MARGARET F. PERTUZ	President	5940 West 20th Lane Miami, Florida 33016

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00),

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

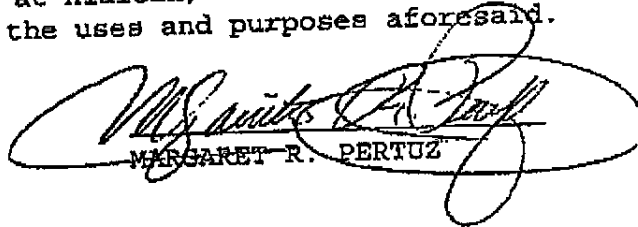
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TALLAHASSEE, FLORIDA

are as follows:

NAME AND ADDRESS	NO. OF SHARES	CONSIDERATION
1. MARGARET R. PERTUZ	50	\$500.00

8. DANIEL M. KEIL, P.A., is hereby designated as the Registered Agent for the corporation and 3165 West 4th Avenue, Hialeah, Florida.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 26 day of January, 1999, for the uses and purposes aforesaid.

  
MARGARET R. PERTUZ

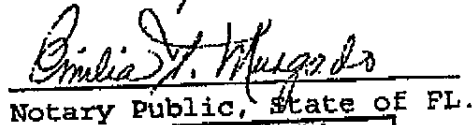
STATE OF FLORIDA )  
 ) SS.  
COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared

1. MARGARET R. PERTUZ

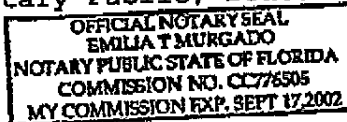
Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 26 day of January, 1999.

  
Notary Public, State of FL.

My Commission Expires:

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663



CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the  
following is submitted:

OUTPATIENT REHABILITATION GROUP PLUS, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of Miami,  
State of Florida, has named DANIEL M. KEIL, Esquire located at 3165  
West 4th Avenue, Hialeah, Florida, 33012 as its Agent to accept  
service of process within Florida.

  
CORPORATE OFFICER

TITLE President

DATE 1/26/99

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES.

  
RESIDENT AGENT

DATE 1/26/99

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 483-6600  
Florida Bar No. 181653

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